

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09782128	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	AS FILED	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1				51		
2	1		1				52		
3	1		1				53		
4	1		1				54		
5	1		1				55		
6	1		1				56		
7	1		1				57		
8	1		1				58		
9	1		1				59		
10	1		1				60		
11	1		1				61		
12	1		1				62		
13	1		1				63		
14	1		1				64		
15	1		1				65		
16	1		1				66		
17	1		1				67		
18	1		1				68		
19	1		1				69		
20	1		1				70		
21	1		1				71		
22	1		1				72		
23	1		1				73		
24	1		1				74		
25	1		1				75		
26	1		1				76		
27	1		1				77		
28	1		1				78		
29	1		1				79		
30	1		1				80		
31	1		1				81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1		1				TOTAL IND.		
TOTAL DEP.	19		29				TOTAL DEP.		
TOTAL CLAIMS	23		31				TOTAL CLAIMS		

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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